

CAMP I'M STILL ME PACKET

Including this page, this Camp packet contains:

1. 2024 Camp Letter
2. Camper Information sheet (to be completed by parent/guardian)
3. Camp Waiver (to be signed by camper and parent/guardian)
4. Participation physical evaluation – medical history (to be completed by parent and physician)
5. Camper's Needs List
6. Map to Camp

TO DO LIST FOR CAMP:

1. READ the 2024 Camp letter.
2. Parent/ Guardian & Camper please fill out completely:
 - Camper information sheet
 - Sign the Waiver
 - Complete the parent/guardian portion of the medical history form
3. Have camper's physician complete the health form completed by parent and physician.
4. Once the camper packet is completed, please mail, email, or fax back to Ms. Eileen before May 10th.

Mail to:

Percy R. Johnson Burn Foundation
Camp I'm Still Me
1501 Kings Hwy
Box 610 (do not put PO Box)
Shreveport, LA 71130

Email: info@campimstillme.org

Fax: 318-626-3762

*** If you cannot return the packet or have questions, please contact Ms. Eileen at (318) 422-2005

PERCY R. JOHNSON BURN FOUNDATION
1501 Kings Highway
Box 610
Shreveport, LA 71130-3932



Hello Campers and Parents,

Camp I'm Still Me (CISM) 2024 is just around the corner. **PLEASE** read and follow *ALL* instructions included in this packet. If the instructions are not followed the camper may not be able to attend camp.

This is your child's official invitation to attend camp!

SUNDAY, JUNE 2nd - SATURDAY, JUNE 8th

CISM is for children ages 5 - 17 who has sustained a burn injury.

For campers that will be joining camp for the very first time welcome!!

CISM is a FREE week-long summer camp for any child that has sustained a burn injury. It is held annually the first full week of June at the Scottsville Camp and Conference Center in Scottsville, Texas. CISM is supported through fundraising events and generous donations.

This camp packet includes all instructions/guidelines and a map to camp. Please complete **all** enclosed forms including the physical form and return the completed forms be returned by **May 10, 2024.**

Campers may start arriving at camp AFTER 2 pm on Sunday, June 2nd

Be sure your camper has lunch before arriving. Supper will not be served until 6:00 pm.

Please return on Saturday June 8th @ 10:00 am to pick up your camper

Our camp theme this year is: **“Olympics”**

Below are some general information, guidelines, and instructions:

1. We are a fully staffed camp of physicians, nurses, firefighters, adult burn survivors, other medical personnel, and volunteers.
2. Campers are assigned to cabins that have 2 to 3 adult counselors.
3. No camper is ever left alone. All campers are closely supervised.
4. Campers are given a swim test the first night at camp by certified lifeguards so we will know who can and cannot swim.
 - a. If your child cannot swim and if we are able, please let us know if you would like for your child to have swim lessons.

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5. We have requested in the past that you please have your camper leave their cell phones and other electronic devices at home. Yes, all the campers want their phones, but we know that these things are expensive and can easily be lost or damaged. We want our campers to spend time interacting and enjoying camp. If your camper would like to call their family any counselor will let them use their phone. Also, YOU the parent/ guardian can call me ANYTIME to speak with your camper.

Please be aware that CISM or Scottsville Camp and Conference Center will not be held liable for any lost, damaged, or stolen electronic devices or phones.

6. If your child takes prescription or over-the-counter medications daily, please bring enough for the week with complete instructions. Labeled with the camper's name and all placed in a zip lock bag. We also ask that if you have a child that takes ADD medication during school, please let them continue taking this medication during camp. We have 2 full-time Registered Nurses, who will be at camp all week and they make sure all the campers receive their medication on time as instructed. Also, address any other medical needs the camper may have.
7. We ask that the campers respect the rules and instructions that we tell them: participate in activities, wash/sanitize hands, be kind to others, no bullying, etc.) We want everyone to have the best and most memorable week of 2024 at camp.

We are excited and privileged to spend a fun filled week with all new and returning Campers. Parents/guardians if this is your camper's first time or if your camper is a returning camper, **PLEASE** call me at any time for any questions or concerns. We look forward to seeing your child at CISM 2024 and thank you for sharing them with us.

Truly,
Eileen McLain
Camp Director
(318) 422-2005
info@campimstillme.org

CAMP I'M STILL ME

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Box 610
Shreveport, LA 71130

CAMPER INFORMATION SHEET

Name: _____

Date of Birth: _____ Age: _____ Sex: _____

Address: _____

City: _____ State: _____ Zip: _____

Camper's cell Phone Number: _____

Camper's Email: _____

Parent / Guardian Information

Name (s): _____

Phone Number: (home / cell) _____

(Work) _____

Email: _____

Alternate Emergency Contact (other than parent / guardian)

Name: _____

Relationship: _____

Phone Number: _____



Camp I'm Still Me

Percy R. Johnson Burn Foundation
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Shreveport, LA 71130

Participation and Activities Waiver and Release of Liability: Indemnification and Hold Harmless Agreement

Camper Name: _____

Birthdate: _____ Age at camp: _____

Camper Cell Phone: _____

Home Address: _____

Custodial Parent/Guardian: _____

Home / Cell Phone: _____

Parent email: _____

In exchange for Camper's participation in the Camp I'm Still Me at Scottsville Camp and Conference Center, Camper, Parent(s) and/or Legal Guardian(s) of minor Campers agree as follows:

- Acknowledgement of Risk.** Camper, Parent(s) and/or Legal Guardian(s) acknowledge and fully understand that there are inherent risks of serious injury or death associated with playing sports, hiking, biking, swimming, canoeing, paddle boating, basketball, volleyball, fishing, slip and slide, tug-of-war, hot air ballooning, skating, bowling, baseball, and other activities associated with the camp experience. These inherent risks include but are not limited to: encountering natural dangers such as irregular or uneven ground, unseen and unmarked objects, drowning or serious injury in and around water could occur due to water movement, subsurface conditions, water impurities and the like. Inherent risks also include acts or omissions of other Campers, the condition of equipment or property, even if properly maintained; weather conditions (such as lightning strikes, sunburn, rain or hail storms, tornadoes and the like), contact with plants, animals or insects, the risk of Camper engaging in unauthorized activities, Camper's physical conditions or Camper's own acts and omissions, conditions or roads, trails, waterways or terrain, the administration and availability of first aid and emergency treatment and consumption of food or drink by Camper. Camper, Parent(s) and/or Legal Guardian(s) further acknowledge that all inherent risks associated with activities at Summer Camp, including hiking, biking, swimming and canoeing or any other activities that cannot be described as part of this document.



Camp I'm Still Me

Percy R. Johnson Burn Foundation
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Shreveport, LA 71130

Waiver and Release of liability; Indemnification and Hold Harmless Agreement

(Continued)

2. **Camper Waiver of Rights and Release of Liability.** Camper, Parent(s) and/or Legal Guardian(s) hereby release, waive and discharge Percy R. Johnson Burn Foundation/Camp I'm Still Me, Scottsville Camp and Conference Center, its employees and agents from liability claims and demands of negligence on the part of Percy R. Johnson Burn Foundation, Camp I'm Still Me, Scottsville Camp and Conference Center, its employees and agents arising in connection with the participation in camp activities and use of camp facilities and equipment, including, but not limited to, those risks described in paragraph #1 above; providing, however, that this waiver and release does not include injury, damage, or loss as a result of the intentional or reckless acts of Percy Johnson Burn Foundation, Camp I'm Still Me, Scottsville Camp and Conference Center, its agents or employees.

3. **Indemnification and hold harmless.** Camper, Parent(s) and/or Legal Guardian(s) further agree to indemnify and hold harmless, its employees Percy R. Johnson Burn Foundation, Camp I'm Still Me, Scottsville Camp and Conference Center and agents, against all losses, damages, monetary awards and expenses, including all costs and attorney's fees incurred in connection with any and all claims of negligence on the part of Camp, its employees and agents, brought by Camper, Parent(s) and/or Legal Guardian(s), his or her heirs, successors, assigned and legal representatives for any injury, death, illness, disease or damage to property, arising from or connected with participation in any activity of Camp. The indemnification and hold harmless agreement does not include losses, damages, monetary awards and expenses as a result of the intentional or reckless acts of Percy R. Johnson Burn Foundation/Camp I'm Still Me, Scottsville Camp and Conference Center, its agents or employees.

4. **Miscellaneous.** The parties agree that the provisions of this 'Waiver and Release of Liability; Indemnification and Hold Harmless Agreement' ("Agreement") shall be deemed severable and that the invalidity or unenforceability of anyone or more of the provisions of clauses hereof shall not affect the validity or enforceability of the other provisions or clauses hereof except as specifically set forth herein the terms of this Agreement constitute the entire agreement and understanding between the parties.



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Waiver and Release of liability; Indemnification and Hold Harmless Agreement

(Continued)

5. **Opportunity to Negotiate.** You are encouraged to carefully review the contents of this Agreement and take the time you feel necessary to review it **DO NOT SIGN THIS AGREEMENT UNLESS YOU UNDERSTAND AND AGREE TO THE TERMS AND CONDITIONS OF THIS AGREEMENT.** You may wish to consult an attorney. If you wish to negotiate any of the terms of this Agreement for modifications, deletions or additions, please contact the Percy Johnson Burn Foundation/Camp I'm Still Me Camp Director prior to signing and executing this Agreement. If you do not contact the Director prior to signing and executing this Agreement, Percy Johnson Burn Foundation/Camp I'm Still Me, Scottsville Camp And Conference Center understands that you are accepting the terms and conditions as set forth above, and that you do not wish to pursue any further negotiations regarding the terms and conditions of this Agreement.
6. **Optional Permission.** The following items are not necessary requirements for Camper participation in activities. Please indicate with a check mark whether you "Yes" give your permission for your Camper to participate in such activities, or "No" you do not give your permission for your Camper to participate in such activities.

MEDICAL and/or HOSPITAL TREATMENT RELEASE:

The health history is correct as far as I know, and the person herein described has permission to engage in all prescribed camp activities, except as noted by the examining physician and me. In the event I cannot be reached in an EMERGENCY, I hereby give permission to the physician selected by the camp director or designated assistant to hospitalize, secure proper treatment for, and to order injection, anesthesia, or surgery for my child as named above.

****MUST BE SIGNED BY PARENT/GUARDIAN BEFORE MD WILL TREAT CAMPER****

YES NO

Waiver and Release of liability; Indemnification and Hold Harmless Agreement



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(Continued)

I give permission for the taking of photos, audio and / or video and/or release of general information regarding my Camper. The photographs and/or videos and general information may be used as needed in the administration of the Percy R. Johnson Burn Foundation/ Camp I'm Still Me and may be published in, or used by, any of the media or hospital publications (including newspapers, magazines, brochures, pamphlets, reports, radio, etc.) without any liability on the part of Percy R. Johnson/Camp I'm Still Me or their agents or employees.

YES NO

I give permission for my Camper to participate in swimming lessons, if he/she so chooses.

YES NO

I HAVE READ AND UNDERSTOOD THE ABOVE WAIVER AND RELEASE. I AGREE IT IS MY INTENTION TO EXEMPT AND RELIEVE PERCY R. JOHNSON/CAMP I'M STILL ME, SCOTTSVILLE CAMP AND CONERENCE CENTER FROM LABILITY FOR PERSONAL INJURY, PROPERTY DAMAGE OR WRONGFUL DEATH CAUSED BY NEGLIENCE OR ANY OTHER CAUSE AND THAT I SIGN IT VOLUNTARILY.

Camper: _____

Camper's Full Name (please print)

Date: _____

(Signature of Camper)

Parent/Legal Guardian: _____ Date: _____

*(Legal signature) *A Parent/Legal Guardian must sign if participant is under 18*

PREPARTICIPATION PHYSICAL EVALUATION -- MEDICAL HISTORY

This MEDICAL HISTORY FORM **MUST** be completed by parent (or guardian) in order for the camper to participate in camp.

Camper's Name: (print) _____

Sex: _____ Age: _____ Date of Birth: _____

In case of emergency, contact:

Name: _____

Relationship: _____

Phone: _____

- 1. Has the camper had a medical illness or injury since your last checkup or physical? YES NO
- 2. Does the camper have any know heart conditions? YES NO
- 3. Is the camper under a doctor's care? YES NO

If so, what is the camper being treated for by the doctor? _____

- 4. Is the camper currently taking any prescription or non-prescription (over-the-counter) medication or pills or using an inhaler? YES NO

Please provide a list of medications, the amount taking, and how often taking
 ***Please send medications labeled with camper name and instructions in a zip lock bag ***
 *** Please continue all ADD/HD medication while the camper is at camp***

- 5. Does the camper have any allergies (pollen, medicine, food, or stinging insects)? YES NO

What are the allergies: _____

Do the allergies require medical treatment? YES NO

Please explain: _____

- 6. Does the camper have asthma? YES NO
- Does the camper require an inhaler or nebulizer? YES NO
- 7. Does the camper have any special Needs? YES NO

What are the needs: _____

It is understood that all measures possible are in place to protect the safety and welfare of the camper. Still there is the possibility that accidents and illnesses can occur. Neither CAMP I'M STILL ME nor SCOTTSVILLE CAMP AND CONFERENCE CENTER assumes any responsibility in case an accident occurs.

If, in the judgment of any representative of CAMP I'M STILL ME, the above camper should need immediate care and treatment as a result of any injury or sickness, I do hereby request, authorize, and consent to such care and treatment as may be given said camper by any physician, nurse or camp representative. I do hereby agree to indemnify and save harmless the CAMP I'MSTILL ME, SCOTTSVILLE CAMP AND CONFERENCE CENTER, and any camp representative from any claim by any person on account of such care and treatment of said camper.

If, between this date and the beginning of participation of camp, any illness or injury should occur that may limit this camper's participation, I agree to notify the CAMP I'M STILL ME authorities of such illness or injury.

I hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct. Failure to provide truthful responses could subject the camper in question to be unable to attend future camp.

Camper Signature: _____

Parent / Guardian Signature: _____

Date: _____

PHYSICAL EXAMINATION

(TO BE COMPLETED BY PHYSICIAN BEFORE CAMP)

Camper's Name _____

Sex _____ Age _____ Date of Birth _____ Height _____ Weight _____

Pulse _____ BP _____ / _____

Allergies: _____

Medical Diagnosis: _____

Special Diet/ Restrictions: _____

Current Medications: _____

CHECK IF ABNORMALITY NOTED:

- Eyes Ears Nose Throat Heart Lungs Abdomen Hernia
- Spine Extremities

Additional Health Information: _____

PHYSICIAN'S AUTHORIZATION:

I have examined _____, and in my opinion, patient is able to participate in an activity camp program. I have reviewed the medical information on the health form.

Physician Signature: _____

Address: _____

Phone: _____

WHAT DOES THE CAMPER NEED FOR CAMP LIST

Clothing:

- ❖ 7 changes of clothes (play clothes)
 - *Shirts must cover mid-section*
 - *Shorts must be appropriate length*
- ❖ Appropriate clothes or costume for the dance
- ❖ Socks
- ❖ Underwear
- ❖ Pajamas
- ❖ **Modest Swimsuits (NO bikinis)**

Extra Things Needed:

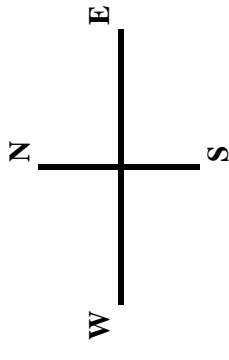
- ❖ Sneakers
- ❖ Hat/cap
- ❖ Sunglasses
- ❖ Swim shoes
- ❖ Towels/wash cloths bring 2/3 each
- ❖ Pillow
- ❖ Personal toiletry items----toothbrush, toothpaste, deodorant, comb/brush, shampoo, etc.
- ❖ Any compression garments or splints required by camper's physician

CAMPER'S MEDICATION:

- ❖ Must be labeled with the camper's name, amount to take, how often or when to take
- ❖ Placed in a zip lock bag
- ❖ The camp nurse will keep all medications and give as directed or needed

We ask that all electronics devices be left at home. These things are expensive to replace (Cell Phone, Gameboy, IPad, Notepad., etc.)

***Camp I'm Still Me or Scottsville Camp
are not responsible for any lost or stolen articles***



SCOTTSVILLE
Camp & Conference Center



Leaving Shreveport travel WEST on Interstate 20 toward Dallas. After crossing the Texas State Line travel 11.2 miles to exit number 624 Scottsville. Going Right off exit travel 1.4 miles to the first Red flashing stop light . Continue straight for 1.8 miles to the next stop sign. Continue straight for 0.3 miles. Camp will be on the right.